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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below. Joseph M Barich McAndrews Held & Malloy Ltd 500 West Madison Street 34th Floor Vander Leest (Depositor's name) Kirk A. Chicago, IL 60661-2511 (Signature) 13, February 2004 (Date) APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/609,578 06/30/2000 Roger K. Kulle 12465US01 TITLE OF INVENTION: DUAL MAGNET HALL EFFECT SWITCH APPLN. TYPE SMALL ENTITY **ISSUE FEE PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE YES \$665 nonprovisional \$665 04/21/2004 **EXAMINER** ART UNIT CLASS-SUBCLASS EASTHOM, KARL D 2832 338-320000 Change of correspondence address or indication of "Fee Address" (37 - CFR 1.363). 2. For printing on the patent front page, list (1) the McAndrews, Held names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single $\hfill \square$ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. firm (having as a member a registered attorney or & Malloy, Ltd. agent) and the names of up to 2 registered patent © "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) CARPENTERSVILLE, IL OTTO CONTROLS DIVISION, OTTO ENGINEERING, INC Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): ■ Issue Fee A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. any additional ☐ Publication Fee The Director is hereby authorized by charge the Deposit Account Number 13-0017! ☐ Advance Order - # of Copies _ required fee(s), or credit any overpayment, to (enclose an extra copy of this form). Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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